

ASS. REC. BY:

Steve

REF:

CS/A162192872/ETP3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ OD ☐ TP/WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 7210020823Claims No. 2261970621SGSum Insured: _____ Excess: S\$300.00

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

| | |
|--------------|--------------|
| X | X |
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMY4741H Yr Regn: 19/3/21Type: ☒ M.Car ☐ M.Cycle ☐ Bus ☐ Van ☐ Lorry ☐ Taxi ☐ Prime Mover /

Truck / Trailer or

Make: Citroen Grand C4 c.c. 1199Colour Silver A/C: ☐ Insured ☐ Std ☐ NI ☐ NASp. Reading 14-982 T/Radio: ☐ Insured ☐ Std ☐ NI ☐ NA

Eng/No: _____

C/No: VF73AHNS4LJ595358Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orBrake: ☒ Inorder ☐ Jammed ☐ Leaked ☐ Burnt orModl: ☒ Nil ☐ S/Rim ☐ STD A/Rim orTyre Size: F: 205/60R16R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / ☒ YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 18/12/21 D.O.I. 20/12/21Survey held at Cycle & CarriageDes. of Damages: ☒ Frt ☐ Rear ☐ O/S ☐ N/S ☐ U/C ☐ Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|---|
| | <u>MV-125K</u> |
| | Confirm S\$12,105.40 before excess and GST 5days. |
| | RED:4802;28% |
| | |
| | |
| | |

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format : _____

Lump Sum / I.B.I. (\$ _____)



CYCLE & CARRIAGE

CYCLE & CARRIAGE FRANCE PTE. LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE


209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240



CITROËN

QUOTATION

Company Reg No. 200609327M
GST Reg No. MR-8500111-X

| Invoice Name & Address | | | | Owner Name & Vehicle Info | | | | |
|--|--------|-------------------|-----|---|-------------|------------------------|-------|--------------|
| AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1000 | | | | Cust No/Name /CHOY KIN MAN Reg No/Reg Date SMY4741H / 10/03/2021 Date In/Mileage / 0 Chassis/Package VF73AHNS4LJ595358 /CS3PT Engine No 10TMA30041489 Make/Model CIT/GRAND C4 SPACETOUREX EXCLUSIVE Colour/Trim MOF ARTIC STEEL / IXF YATAGO GREY | | | | |
|  | | | | | | | | |
| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No | | |
| FAX00001 | Credit | 20/12/2021/ 11:24 | | 261 / Edwin Caina | 17266 | 0 | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| E PNT88000 RENEW FR BUMPER, BONNET, RHF FENDER & FR SUPPORT | | | | | 2.5 X 500 | | | 1500 2500.00 |
| E PNT98000 RESPRAY FR BUMPER, BONNET, FR SUPPORT & RHF FENDER | | | | | 380 X 4 | | | 1520.00 |
| A 25000001 REMOVE & REFIT AC COND & RADIATOR | | | | | LHF, Fender | | | ? 100.00 |
| A 25000001 TOP UP AC GAS | | | | | | | | 500.00 |
| A 54900099 REMOVE & REFIT AIR DISTRIBUTOR CHAMBER | | | | | | | | ? 250.00 |
| A 54900099 CHECK WIRING ELECTRICAL SYSTEM | | | | | | | | 50.00 |
| A 10028901 TO CARRY OUT DIAGNOSTIC CHECK ON ELECTRONIC CONTROL SYSTEM | | | | | | | | 225.00 |
| M SUNDRY SUPPLY FR NUMBER PLATE WITH CASING | | | | | CM | | | 50.00 |
| E PNT88000 REMOVE & REFIT FR PARKING ASSIST SENSOR | | | | | | | | 50.00 |
| M SUNDRY APPLY ANTI CORROSION ON AFFECTED AREAS | | | | | | | | 40 60.00 |
| M SUNDRY SUPPLY BODY PNL SEALANT | | | | | | | | 40 80.00 |
| M SUNDRY Sundries | | | | | | | | 20 30.00 |
| M FRONT BUMPER | | | | | 1.00 | 1074.00 | 20.00 | 859.20 |
| M BUMPER BRACKET | | | | | 1.00 | 330.00 | 20.00 | 264.00 |
| M BUMPER MOULDING | | | | | 1.00 | 207.00 | 20.00 | 165.60 |
| M BUMPER MOULDING | | | | | 1.00 | 227.00 | 20.00 | 181.60 |
| M BMPR RUBBR BOOT | | | | | 1.00 | 363.00 | 20.00 | 290.40 |
| M GUARD GRILLE INFERIEUR | | | | | 1.00 | 311.00 | 20.00 | 248.80 |
| M BADGE SUPPORT | | | | | 1.00 | 205.00 | 20.00 | 164.00 |
| M CHEVRON EMBLEM SUPERIEUR | | | | | 1.00 | 161.00 | 20.00 | 128.80 |
| M CHEVRON EMBLEM INFERIEUR | | | | | 1.00 | 161.00 | 20.00 | 128.80 |

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.
Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.



CYCLE & CARRIAGE

CYCLE & CARRIAGE FRANCE PTE. LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens, Singapore 609339 Tel: (65) 6568 4501 Fax: (65) 6565 1240



CITROËN

Company Reg No. 200809327M
GST Reg No. MR 8500111-X

QUOTATION

| Invoice Name & Address | Owner Name & Vehicle Info |
|--|---|
| AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1000 | Cust No/Name /CHOY KIN MAN Reg No/Reg Date SHY4741H / 10/03/2021 Date In/Mileage / 0 Chassis/Package VF73AHNS4LJ595358 /CS3PT Engine No 10TMA30041489 Make/Model CIT/GRAND C4 SPACETOUREX EXCLUSIVE Colour/Trim MOF ARTIC STEEL / IXF YATAGO GREY |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No | | |
|---------------------------------|------------------------|-------------------|-----|-------------------|--------|------------------------|-------|--------|
| FAX00001 | Credit | 20/12/2021/ 11:24 | | 261 / Edwin Caina | 17266 | 0 | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| M | BRACKET SET | BR? | | | 1.00 | 125.00 | 20.00 | 100.00 |
| M | BUMPER MOULDING | | | | 1.00 | 173.00 | 20.00 | 138.40 |
| M | BRACKET SET LAT | BR | | | 1.00 | 125.00 | 20.00 | 100.00 |
| M | ABSORBERS SET | | | | 1.00 | 92.00 | 20.00 | 73.60 |
| M | BUMPER BRACKET | DO | | | 1.00 | 516.00 | 20.00 | 412.80 |
| M | BUMPER BRACKET | | | | 1.00 | 224.00 | 20.00 | 179.20 |
| M | PLUG LH | | | | 1.00 | 96.00 | 20.00 | 76.80 |
| M | REAR DUCT RH | | | | 1.00 | 119.00 | 20.00 | 95.20 |
| M | REPAIR SET | | | | 1.00 | 92.00 | 20.00 | 73.60 |
| M | FACE CROSSMEMBR SUP | | | | 1.00 | 226.00 | 20.00 | 180.80 |
| M | FACE CROSSMEMBR INF | | | | 1.00 | 91.00 | 20.00 | 72.80 |
| M | AIR BULKHEAD LH | | | | 1.00 | 108.00 | 20.00 | 86.40 |
| M | AIR BULKHEAD RH | | | | 1.00 | 108.00 | 20.00 | 86.40 |
| M | AIR BULKHEAD | | | | 1.00 | 154.00 | 20.00 | 123.20 |
| M | BRACKET CROSSME RH ASS | | | | 1.00 | 197.00 | 20.00 | 157.60 |
| M | FACING SUPPORT RH ASS | | | | 1.00 | 202.00 | 20.00 | 161.60 |
| M | FR MIN BPR FIX | DO | | | 1.00 | 252.00 | 20.00 | 201.60 |
| M | FRONT WING RH ASS | | | | 1.00 | 571.00 | 20.00 | 456.80 |
| M | MUDGUARD RH ASS | | | | 1.00 | 159.00 | 20.00 | 127.20 |
| M | ENGINE BONNET ASS | DO | | | 1.00 | 1042.00 | 20.00 | 833.60 |
| M | BONNET HINGE LH | | | | 1.00 | 178.00 | 20.00 | 142.40 |
| M | BONNET HINGE RH | | | | 1.00 | 178.00 | 20.00 | 142.40 |
| M | SOUND PROOFING | CR4 | | | 1.00 | 235.00 | 20.00 | 188.00 |
| M | BONNET LOCK | | | | 1.00 | 54.00 | 20.00 | 43.20 |
| M | DISTRIB CHAMBER | | | | 1.00 | 840.00 | 20.00 | 672.00 |
| M | DIST CHB BRACKET | | | | 1.00 | 43.00 | 20.00 | 34.40 |
| M | DIST CHB BRACKET | | | | 1.00 | 43.00 | 20.00 | 34.40 |
| M | DIST CHB BRACKET | | | | 1.00 | 43.00 | 20.00 | 34.40 |
| M | RADIATOR NEW | | | | 1.00 | 642.00 | 20.00 | 513.60 |
| M | CONDENSER | DO (photo) | | | 1.00 | 1175.00 | 20.00 | 940.00 |
| M | CONDENS BRACKET | | | | 1.00 | 58.00 | 20.00 | 46.40 |
| M | COND DEFLECTOR | | | | 1.00 | 72.00 | 20.00 | 57.60 |
| M | SENSOR-CTR | | | | 1.00 | 192.00 | 20.00 | 153.60 |

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.
Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

QUOTATION

| Invoice Name & Address | Owner Name & Vehicle Info |
|---|---|
| AIG Asia Pacific Insurance Pte. Ltd. MOTOR CLAIM DEPARTMENT 78 SHENTON WAY #09-16 AIG BUILDING SINGAPORE 079120 Contact No 6419 1000 | Cust No/Name /CHOY KIN MAN Reg No/Reg Date SMY4741H / 10/03/2021 Date In/Mileage / 0 Chassis/Package VF73AHNS4LJ595358 /CS3PT Engine No 10TMA30041489 Make/Model CIT/GRAND C4 SPACETOUREX EXCLUSIVE Colour/Trim MOF ARTIC STEEL / IXF YATAGO GREY |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | Invoice/Credit Note No | | |
|---------------------------------|-------------------|-------------------|-----|-------------------|--------|------------------------|-------|--------|
| FAX00001 | Credit | 20/12/2021/ 11:24 | | 261 / Edwin Caina | 17266 | 0 | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| M | SENSOR-OUTER | | | | 1.00 | 273.00 | 20.00 | 218.40 |
| M | SENSOR-SIDE | | | | 1.00 | 273.00 | 20.00 | 218.40 |
| M | FRONT LIGHT RH | | | | 1.00 | 409.00 | 20.00 | 327.20 |
| M | FOG HEADLIGHT-RH | | | | 1.00 | 128.00 | 20.00 | 102.40 |
| M | HEADLIGHT ASSY RH | | | | 1.00 | 718.00 | 20.00 | 574.40 |

SURVEYOR NAME: Steve (LKK) 20/12/21, 11:30am
 SURVEYOR SIGNATURE: OD-MAL
EXC-1
 DATE: PIP
 REMARKS: By Bill by
5 djs

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before labour is paid
- To display damaged part(s) during **Guarantee Your Warranty, Maintain with Cycle & Carriage!**
- Parts prices are subject to confirmation

| | |
|--|-----------|
| • Third party survey is on a "Without Prejudice" basis | 10,612.00 |
| • Parts (modification(s) is allowed) | 5,195.00 |
| • Labour | 0.00 |
| • Standard Menu | 0.00 |
| • Specialist Job | 0.00 |
| • Diagnostics Job | 220.00 |
| • Sundry/Others | 16,027.00 |
| Total (w/o GST) | |

| | |
|---------------|-----------|
| Nett | 16,027.00 |
| 7% GST on | 1121.89 |
| Total Payable | 17,148.89 |
| Paid | 0.00 |
| Total Due | 17,148.89 |

Payment should be made strictly by NETS, credit cards or PayNow (via QR code or UEN) only. Thank you.
 Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 20/12/2021 09:46 (SGT)
Date of Accident 18/12/2021 13:00 (SGT)
Exact Location of Accident Thomson Rd, Singapore
Additional Location Information JUNCTION THOMSON RD & MARYMOUNT RD TOWARDS
BRADDEL VIEW
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4741H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOY KIN MAN
NRIC No SXXXX012A
Email Address KINMAN_CHOY@SINGNET.COM.SG
Mobile Phone No (Phone) +65-97658014
Alternative Phone No +65-97658014

VEHICLE PARTICULARS

Manufacturer Citroen
Model C4 spacetourer
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1199

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 7210020823
Cover Note Number -

DRIVER

Name of Driver CHOY KIN MAN

| | |
|--|----------------------------|
| NRIC No | SXXXXX012A |
| Date Of Birth | 24/02/1961 |
| Occupation | Indoor |
| Date Of Driving Pass | 13/09/1986 |
| Driving experience | 35 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97658014 |
| Alt. Phone Number | +65-97658014 |
| Email Address | KINMAN_CHOY@SINGNET.COM.SG |
| Address | 7 SIN MING WALK #06-10 |
| Address complement | - |
| Postcode | 575577 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-------------|
| Name | HO JOO HONG |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------|
| Vehicle Registration Number | SMP87L |
| Vehicle Manufacturer | BMW |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | White |

| | |
|---|-------------|
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
20/12/12 0900 hr

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident

PLEASE SEE ATTACHED ACCIDENT STATEMENT

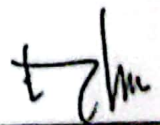
Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel



SMY4741H other car SMP87L White BMW

Time - 1300 hrs.

where - Junction Thomson Rd and Marymount Rd
toward B Braddel View next to lamp post
no. 111/2

3 lanes junction

Centre lane, behind SMP87L

Stop

At the junction SMP87L was driving pass the white line when the green light change to amber and the driver suddenly jammed brakes.

I following behind was unable apply emergency brakes fast enough to stop.

Driver of SMP87L is a middle age lady with shoulder length hair. wavy

Got out of my car, to exchange details, however the SMP87L did not response and drove off when the traffic light turn green.



CERTIFICATE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOY KIN MAN
 Period of Insurance : 10 Mar 2021 To 09 Mar 2023
 Engine No. : 10TMA30041489
 Chassis No. : VF73AHNS4LJ595358

Vehicle No. : SMY4741H
 Policy No. : 7210020823
 Endorsement No. :
 Issued Date : 12 Mar 2021

ABOUT THE COVER

Make/Model : CITROEN Grand C4 SpaceTourer
 Engine Capacity/Tonnage : 1,199.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2021
 Insuring with COE/PARF : Yes

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
 Mileage Condition : Unlimited Mileage
 Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHOY KIN MAN - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
 2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708600

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504674228

CYCLE & CARRIAGE - RAYMON

(TERMINATED AGENT) AGY DEPT, 78 SHENTON WAY #10-10
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.